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APPLICANTS

David Blake, Buckinghamshire, UNITED KINGDOM;
 Declan Naughton, South Gloucestershire, UNITED KINGDOM;
 Ged Adams, Oxford, UNITED KINGDOM, Deceased;
 Ian Stratford, Derbyshire, UNITED KINGDOM;
 Christopher Morris, Wiltshire, UNITED KINGDOM;
 Mohammed Jaffar, Manchester, UNITED KINGDOM;
 Matthew Naylor, Hertfordshire, UNITED KINGDOM;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	1	25	2

ADDRESS

NIXON & VANDERHYE, PC
 901 NORTH GLEBE ROAD, 11TH FLOOR
 ARLINGTON, VA 22203
 UNITED STATES

TITLE

Drug targeting

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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